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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for State Reimbursement for School Bus Transportation** 

State	
District	
County	

DUE
DATES

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DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHOO	L BUS TRAI	NSPORTATION:		
This clain	n is for the	period beginning	S		,	20 a	nd ending		<b>,</b>	20	
			1	month	day			m	onth da	ny	
CERTIF	[CATIO]	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District						District Le	vel:	
31 Mineral 0577 Alberton K-12 Schools				ools			High S	chool			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	ity	Inspection	Days Operated	Bus Driver's Social Security #	
100	2	1		78.4	1.80	84		08/15/05			
100	2	2		83.2	1.15	56		08/15/05			
100	2	3		68.2	1.15	54		08/15/05			
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State	
District	
County	

DUE DATES:  First Semester  February 1 to County Superintendent  February 15 to State Superintendent	Second Semester May 10 to County Superint May 24 to State Superinten
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Superintendent perintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: \_, 20\_ This claim is for the period beginning and ending month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 31 Mineral 0579 Superior K-12 Schools High School

	ıuı	0017	Superior		0020	ingh benoor		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
rercentage	#	#	rei Day	r er wille	Сараспу	Hispection	Operateu	Social Security #
100	3	1	65.4	1.36	66	08/24/05		
100	3	2	50.8	1.15	57	08/24/05		
100	3	3	59	1.36	66	08/24/05		
100	3	4	113.8	1.36	66	None		

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COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR	SCHOOL	L BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning			,	20 a	nd ending			20	
			n	nonth	day			n	onth da	ay	
CERTIFI	[CATIO]	N:									
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County:			District:						District Le	vel:	
31 Mine	ral		0582	St Regis	K-12 Scho	ools			High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ity	Inspection	Days Operated		Bus Driver's cial Security #
100	1	1		112	1.57	78		07/06/05			
100	1	2		84.2	0.95	47		07/06/05			

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